

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

**NORTHERN DISTRICT OF TEXAS**

Case number (if known): \_\_\_\_\_ Chapter you are filing under:

- ☒ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself**

	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
<b>1. Your full name</b>  Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee.	<b>Mark</b> First Name <b>A</b> Middle Name <b>Williams</b> Last Name Suffix (Sr., Jr., II, III)	<b>Lori</b> First Name <b>A</b> Middle Name <b>Williams</b> Last Name Suffix (Sr., Jr., II, III)
<b>2. All other names you have used in the last 8 years</b>  Include your married or maiden names.	First Name Middle Name Last Name	<b>Lori</b> First Name <b>Martin</b> Middle Name <b>Williams</b> Last Name
<b>3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)</b>	<b>xxx - xx - 6 2 5 4</b> OR <b>9xx - xx -</b>	<b>xxx - xx - 4 6 6 5</b> OR <b>9xx - xx -</b>
<b>4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years</b>  Include trade names and doing business as names	<input checked="" type="checkbox"/> I have not used any business names or EINs. Business name Business name Business name	<input type="checkbox"/> I have not used any business names or EINs. <b>Lori Williams-Senior Services LLC</b> Business name Business name Business name

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

\_\_\_\_ - \_\_\_\_\_  
 EIN

\_\_\_\_ - \_\_\_\_\_  
 EIN

**About Debtor 2 (Spouse Only in a Joint Case):**

**8 3 - 1 0 3 8 1 6 9**  
 EIN

\_\_\_\_ - \_\_\_\_\_  
 EIN

**5. Where you live**

**1400 Rustic Timbers Ln**

Number Street

\_\_\_\_\_  
 \_\_\_\_\_

**Flower Mound TX 75028**

City State ZIP Code

**Denton**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 P.O. Box

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 \_\_\_\_\_

**Flower Mound TX 75028**

City State ZIP Code

**Denton**

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

\_\_\_\_\_  
 Number Street

\_\_\_\_\_  
 P.O. Box

\_\_\_\_\_  
 City State ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
 (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

**7. The chapter of the Bankruptcy Code you are choosing to file under**

*Check one:* (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

8. **How you will pay the fee**
- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**
- ☒ No
- ☐ Yes.
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**
- ☒ No
- ☐ Yes.
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
 MM / DD / YYYY if known
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_
- District \_\_\_\_\_ When \_\_\_\_\_ Case number, \_\_\_\_\_  
 MM / DD / YYYY if known

11. **Do you rent your residence?**
- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

### Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?
- ☐ No. Go to Part 4.  
☒ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

#### Lori Williams-Senior Services LLC

Name of business, if any

Number Street

1400 Rustic Timbers Lane Flower Mound

City

TX

State

75028

ZIP Code

Check the appropriate box to describe your business:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

- ☒ No. I am not filing under Chapter 11.  
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  
☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  
☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

### Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?
- ☒ No  
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.  
☒ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- 
- 17. Are you filing under Chapter 7?**
- ☐ No. I am not filing under Chapter 7. Go to line 18.
- ☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  | <input type="checkbox"/> 50,001-100,000    |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999          |  |  |
- 19. How much do you estimate your assets to be worth?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                   | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000             | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million          | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Mark A Williams**

Mark A Williams, Debtor 1

Executed on **06/10/2020**

MM / DD / YYYY

**X /s/ Lori A Williams**

Lori A Williams, Debtor 2

Executed on **06/10/2020**

MM / DD / YYYY

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**X /s/ David Shuster** \_\_\_\_\_

Signature of Attorney for Debtor

Date **06/10/2020**

MM / DD / YYYY

**David Shuster** \_\_\_\_\_

Printed name

**Shuster Law, PLLC** \_\_\_\_\_

Firm Name

**860 Hebron Pkwy** \_\_\_\_\_

Number Street

**Suite 303** \_\_\_\_\_

**Lewisville** \_\_\_\_\_

City

**TX** \_\_\_\_\_

State

**75057** \_\_\_\_\_

ZIP Code

Contact phone **(972) 315-6222** \_\_\_\_\_

Email address **info@shusterlawfirm.com** \_\_\_\_\_

**24037491** \_\_\_\_\_

Bar number

**TX** \_\_\_\_\_

State



**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known) _____			

☐ Check if this is an amended filing

## Official Form 106A/B

**Schedule A/B: Property**

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In****1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1.

**1400 Rustic Timbers Ln**

Street address, if available, or other description

**Flower Mound TX 75028**  
City State ZIP Code

**Denton**  
County

**1400 Rustic Timbers Ln, Flower Mound, TX 75028**

**What is the property?**

Check all that apply.

- ☒ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?**

Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>
<b>\$426,000.00</b>	<b>\$426,000.00</b>

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Homestead**

☒ Check if this is community property (see instructions)

**2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**

**\$426,000.00**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

- ☐ No  
☒ Yes

<b>3.1.</b> Make: <u>Honda</u> Model: <u>CR-V</u> Year: <u>2009</u> Approximate mileage: <u>72,824</u> Other information: <b>2009 Honda CR-V (approx. 72,824 miles)</b>	<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . <table border="0"> <tr> <td style="text-align: right;"><b>Current value of the entire property?</b></td> <td style="text-align: right;"><b>Current value of the portion you own?</b></td> </tr> <tr> <td style="text-align: right;"><u>\$6,100.00</u></td> <td style="text-align: right;"><u>\$6,100.00</u></td> </tr> </table>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$6,100.00</u>	<u>\$6,100.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$6,100.00</u>	<u>\$6,100.00</u>					
<b>3.2.</b> Make: <u>Honda</u> Model: <u>Accord</u> Year: <u>2015</u> Approximate mileage: <u>46,354</u> Other information: <b>2015 Honda Accord (approx. 46,354 miles)</b>	<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . <table border="0"> <tr> <td style="text-align: right;"><b>Current value of the entire property?</b></td> <td style="text-align: right;"><b>Current value of the portion you own?</b></td> </tr> <tr> <td style="text-align: right;"><u>\$16,875.00</u></td> <td style="text-align: right;"><u>\$16,875.00</u></td> </tr> </table>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$16,875.00</u>	<u>\$16,875.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$16,875.00</u>	<u>\$16,875.00</u>					
<b>3.3.</b> Make: <u>Lincoln</u> Model: <u>MKX</u> Year: <u>2016</u> Approximate mileage: <u>27,285</u> Other information: <b>2016 Lincoln MKX (approx. 27,285 miles)</b>	<b>Who has an interest in the property?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another  <input checked="" type="checkbox"/> Check if this is community property (see instructions)	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . <table border="0"> <tr> <td style="text-align: right;"><b>Current value of the entire property?</b></td> <td style="text-align: right;"><b>Current value of the portion you own?</b></td> </tr> <tr> <td style="text-align: right;"><u>\$31,775.00</u></td> <td style="text-align: right;"><u>\$31,775.00</u></td> </tr> </table>	<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>	<u>\$31,775.00</u>	<u>\$31,775.00</u>
<b>Current value of the entire property?</b>	<b>Current value of the portion you own?</b>					
<u>\$31,775.00</u>	<u>\$31,775.00</u>					

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**  
*Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories*

- ☒ No  
☐ Yes

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....** →

\$54,750.00

**Part 3: Describe Your Personal and Household Items**

**Do you own or have any legal or equitable interest in any of the following items?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

*Examples: Major appliances, furniture, linens, china, kitchenware*

- ☐ No  
☒ Yes. Describe.....

See continuation page(s).

\$1,450.00

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games☐ No☒ Yes. Describe..... **See continuation page(s).** **\$500.00****8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles☐ No☒ Yes. Describe..... **Books/Movies/Collectibles** **\$50.00****9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments☐ No☒ Yes. Describe..... **Sports & Hobby Equipment** **\$25.00****10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment☐ No☒ Yes. Describe..... **Ruger 10// Rifle**  
**Ruger P89**  
**S&W 645**  
**Remington 1100**  
**Davis Arms 380**  
**SKS**  
**Remington 22 Rifle** **\$1,150.00****11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories☐ No☒ Yes. Describe..... **Clothing/Wearing Apparel** **\$200.00****12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver☐ No☒ Yes. Describe..... **Jewelry** **\$1,000.00****13. Non-farm animals***Examples:* Dogs, cats, birds, horses☐ No☒ Yes. Describe..... **2 Dogs** **\$200.00****14. Any other personal and household items you did not already list, including any health aids you did not list**☒ No☐ Yes. Give specific information.....**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....****\$4,575.00**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☒ No☐ Yes..... Cash: \_\_\_\_\_**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No☒ Yes..... Institution name:

17.1.	Checking account:	<b>Wells Fargo XX8906</b>	<b>\$20.00</b>
17.2.	Checking account:	<b>Chase Checking Account XX0072</b>	<b>\$1,323.56</b>
17.3.	Checking account:	<b>Chase Business Acct XX5061 for Lori Williams Senior Services, LLC (business has outstanding debt of approx 8k)</b>	<b>\$1,188.17</b>
17.4.	Checking account:	<b>Checking account-Wells Fargo XX8906</b>	<b>\$22.84</b>
17.5.	Checking account:	<b>Checking account-Business Account XX8703</b>	<b>\$8.94</b>
17.6.	Savings account:	<b>Chase Savings Acct XX0568</b>	<b>\$520.00</b>

**18. Bonds, mutual funds, or publicly traded stocks**

*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts

☒ No☐ Yes..... Institution or issuer name:**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**☐ No☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

<b>Lori Williams-Senior Services LLC</b>	<b>100%</b>	<b>\$0.00</b>
--	-------------	---------------

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

☒ No☐ Yes. Give specific information about them.....

Issuer name:

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans☐ No☒ Yes. List each

account separately. Type of account: Institution name:

Pension plan:

**Transamerica****\$1,896.76****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others☒ No☐ Yes.....

Institution name or individual:

**23. Annuities** (A contract for a specific periodic payment of money to you, either for life or for a number of years)☒ No☐ Yes.....

Issuer name and description:

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**☒ No☐ Yes. Give specific information about them**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements☒ No☐ Yes. Give specific information about them**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses☒ No☐ Yes. Give specific information about them**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**☒ No☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_

State: \_\_\_\_\_

Local: \_\_\_\_\_

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**29. Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement☒ No☐ Yes. Give specific information

Alimony: \_\_\_\_\_

Maintenance: \_\_\_\_\_

Support: \_\_\_\_\_

Divorce settlement: \_\_\_\_\_

Property settlement: \_\_\_\_\_

**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else☒ No☐ Yes. Give specific information**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance☒ No☐ Yes. Name the insurance company of each policy and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

☒ No☐ Yes. Give specific information**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue☒ No☐ Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**☒ No☐ Yes. Describe each claim.....**35. Any financial assets you did not already list**☒ No☐ Yes. Give specific information**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....****\$4,980.27****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?**☐ No. Go to Part 6.☒ Yes. Go to line 38.

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Current value of the  
portion you own?**  
 Do not deduct secured  
claims or exemptions.

**38. Accounts receivable or commissions you already earned**☒ No☐ Yes. Describe.. \_\_\_\_\_**39. Office equipment, furnishings, and supplies**

*Examples:* Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones,  
desks, chairs, electronic devices

☐ No☒ Yes. Describe.. **Macbook Printer, Desk, Chair, File Cabinet****\$700.00****40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**☒ No☐ Yes. Describe.. \_\_\_\_\_**41. Inventory**☒ No☐ Yes. Describe.. \_\_\_\_\_**42. Interests in partnerships or joint ventures**☒ No☐ Yes. Describe..... Name of entity: \_\_\_\_\_

% of ownership: \_\_\_\_\_

**43. Customer lists, mailing lists, or other compilations**☒ No☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?☐ No☐ Yes. Describe.... \_\_\_\_\_**44. Any business-related property you did not already list**☒ No☐ Yes. Give specific information.**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....****\$700.00**

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
**If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**☒ No. Go to Part 7.☐ Yes. Go to line 47.

**Current value of the  
portion you own?**  
 Do not deduct secured  
claims or exemptions.

**47. Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

☒ No☐ Yes.... \_\_\_\_\_

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**48. Crops--either growing or harvested**☒ No☐ Yes. Give specific information.....**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**☒ No☐ Yes....**50. Farm and fishing supplies, chemicals, and feed**☒ No☐ Yes....**51. Any farm- and commercial fishing-related property you did not already list**☒ No☐ Yes. Give specific information.....**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....****\$0.00****Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?***Examples: Season tickets, country club membership*☒ No☐ Yes. Give specific information.**54. Add the dollar value of all of your entries from Part 7. Write that number here.....****\$0.00****Part 8: List the Totals of Each Part of this Form****55. Part 1: Total real estate, line 2.....** **\$426,000.00****56. Part 2: Total vehicles, line 5** **\$54,750.00****57. Part 3: Total personal and household items, line 15** **\$4,575.00****58. Part 4: Total financial assets, line 36** **\$4,980.27****59. Part 5: Total business-related property, line 45** **\$700.00****60. Part 6: Total farm- and fishing-related property, line 52** **\$0.00****61. Part 7: Total other property not listed, line 54** **+ \$0.00****62. Total personal property. Add lines 56 through 61.....** **\$65,005.27** Copy personal property total **→ + \$65,005.27****63. Total of all property on Schedule A/B. Add line 55 + line 62.....** **\$491,005.27**



Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**6. Household goods and furnishings (details):**

<b>Living Room Furnishings</b>	<b>\$600.00</b>
--------------------------------	-----------------

<b>Kitchen and Dining Room Furnishings</b>	<b>\$250.00</b>
--	-----------------

<b>Bedroom #1</b>	<b>\$200.00</b>
-------------------	-----------------

<b>Bedroom #2</b>	<b>\$100.00</b>
-------------------	-----------------

<b>Bedroom #3</b>	<b>\$300.00</b>
-------------------	-----------------

**7. Electronics (details):**

<b>Portable Appliances</b>	<b>\$300.00</b>
----------------------------	-----------------

<b>Electronics</b>	<b>\$200.00</b>
--------------------	-----------------

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2	<b>Lori</b>	<b>A</b>	<b>Williams</b>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106C

**Schedule C: The Property You Claim as Exempt**

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions--such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds--may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption</i>	Specific laws that allow exemption
Brief description: <b>1400 Rustic Timbers Ln, Flower Mound, TX 75028</b> Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$426,000.00</u>	<input checked="" type="checkbox"/> <u>\$193,864.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Const. art. 16 §§ 50, 51, Texas Prop. Code §§ 41.001-.002
Brief description: <b>2009 Honda CR-V (approx. 72,824 miles)</b> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$6,100.00</u>	<input checked="" type="checkbox"/> <u>\$6,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: <b>2015 Honda Accord (approx. 46,354 miles)</b> Line from <i>Schedule A/B</i> : <u>3.2</u>	<u>\$16,875.00</u>	<input checked="" type="checkbox"/> <u>\$13,812.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)

3. Are you claiming a homestead exemption of more than \$170,350?

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No  
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☐ No  
☐ Yes

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption	Specific laws that allow exemption
Brief description: <b>2016 Lincoln MKX (approx. 27,285 miles)</b> Line from Schedule A/B: <u>3.3</u>	<u>\$31,775.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)
Brief description: <b>Living Room Furnishings</b> Line from Schedule A/B: <u>6</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Kitchen and Dining Room Furnishings</b> Line from Schedule A/B: <u>6</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Bedroom #1</b> Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Bedroom #2</b> Line from Schedule A/B: <u>6</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Bedroom #3</b> Line from Schedule A/B: <u>6</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Portable Appliances</b> Line from Schedule A/B: <u>7</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Electronics</b> Line from Schedule A/B: <u>7</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)
Brief description: <b>Books/Movies/Collectibles</b> Line from Schedule A/B: <u>8</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: <b>Sports &amp; Hobby Equipment</b> Line from Schedule A/B: <u>9</u>	Copy the value from Schedule A/B <u>\$25.00</u>	Check only one box for each exemption <input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(8)</b>
Brief description: <b>Ruger 10// Rifle Ruger P89 S&amp;W 645 Remington 1100 Davis Arms 380 SKS Remington 22 Rifle</b> Line from Schedule A/B: <u>10</u>	<u>\$1,150.00</u>	<input checked="" type="checkbox"/> <u>\$1,150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(7)</b>
Brief description: <b>Clothing/Wearing Apparel</b> Line from Schedule A/B: <u>11</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)</b>
Brief description: <b>Jewelry</b> Line from Schedule A/B: <u>12</u>	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(6)</b>
Brief description: <b>2 Dogs</b> Line from Schedule A/B: <u>13</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(11)</b>
Brief description: <b>Transamerica</b> Line from Schedule A/B: <u>21</u>	<u>\$1,896.76</u>	<input checked="" type="checkbox"/> <u>\$1,896.76</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code § 42.0021</b>
Brief description: <b>Macbook Printer, Desk, Chair, File Cabinet</b> Line from Schedule A/B: <u>39</u>	<u>\$700.00</u>	<input checked="" type="checkbox"/> <u>\$700.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Tex. Prop. Code §§ 42.001(a), 42.002(a)(4)</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

*Column A*  
**Amount of claim**  
Do not deduct the value of collateral

*Column B*  
**Value of collateral that supports this claim**

*Column C*  
**Unsecured portion**  
If any

2.1

**American Honda Finance**

Creditor's name

**Attn: National Bankruptcy Center**

Number Street

**PO Box 166469**

Describe the property that secures the claim:

**2015 Honda Accord****\$3,063.00****\$16,875.00****Irving**

City

**TX 75016**

State ZIP Code

**Who owes the debt?** Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another

☒ Check if this claim relates to a community debt

**As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Nature of lien.** Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
- ☐ Statutory lien (such as tax lien, mechanic's lien)
- ☐ Judgment lien from a lawsuit
- ☒ Other (including a right to offset)

**Automobile**Date debt was incurred **09/2015**Last 4 digits of account number **7 2 5 4**

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$3,063.00**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page After listing any entries on this page, number them sequentially from the previous page.	Column A	Column B	Column C
		Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any

2.2	Describe the property that secures the claim: <b>2016 Lincoln MDX</b>	<b>\$33,772.00</b>	<b>\$31,775.00</b>	<b>\$1,997.00</b>
<b>Lincoln Automotive Fin</b> Creditor's name <b>Attn: Bankruptcy</b> Number Street <b>PO BOX 54200</b>				
<b>Omaha NE 68154</b> City State ZIP Code				
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Automobile</b>				
<b>Date debt was incurred</b> <u>07/2018</u> <b>Last 4 digits of account number</b> <u>4 7 1 0</u>				

2.3	Describe the property that secures the claim: <b>1400 Rustic Timbers Ln</b>	<b>\$232,136.00</b>	<b>\$426,000.00</b>	
<b>Shellpoint Mortgage Servicing</b> Creditor's name <b>Attn: Bankruptcy</b> Number Street <b>PO Box 10826</b>				
<b>Flower Mound, TX 75028</b>				
<b>Greenville SC 29603</b> City State ZIP Code				
<b>Who owes the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim relates to a community debt				
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <b>Conventional Real Estate Mortgage</b>				
<b>Date debt was incurred</b> <u>03/2016</u> <b>Last 4 digits of account number</b> <u>0 3 9 1</u>				

Add the dollar value of your entries in Column A on this page. Write that number here:

**\$265,908.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

**\$268,971.00**

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**

- ☐ No. Go to Part 2.  
☒ Yes.

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<div style="border: 1px solid black; padding: 2px; display: inline-block;">2.1</div> <b>Internal Revenue Service</b> Priority Creditor's Name <b>1100 Commerce St</b> Number Street  <b>Dallas TX 75242</b> City State ZIP Code	<b>\$10,378.09</b>	<b>\$10,017.31</b>	<b>\$360.78</b>
<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____ <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input checked="" type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 1: Your PRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim	Priority amount	Nonpriority amount
<b>\$13,978.16</b>	<b>\$9,451.00</b>	<b>\$4,527.16</b>

2.2

**Internal Revenue Service**

Priority Creditor's Name

**1100 Commerce St**

Number Street

**MC 5026 - Dallas****Dallas****TX****75242**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

2.3

**Internal Revenue Service**

Priority Creditor's Name

**1100 Commerce St**

Number Street

**MC 5026 - Dallas****Dallas****TX****75242**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

<b>\$14,736.00</b>	<b>\$14,736.00</b>	<b>\$0.00</b>
--------------------	--------------------	---------------



Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.**

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

**Total claim****\$1,672.43**

4.1

**Amcol**

Nonpriority Creditor's Name

**111 Lancewood Rd**

Number Street

**Columbia****SC****29210**

City

State

ZIP Code

**Who incurred the debt?**

Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

Last 4 digits of account number **5 3 1 0****When was the debt incurred?****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Medical Charges**

4.2

**AMCOL Systems**

Nonpriority Creditor's Name

**111 Lancewood Road**

Number Street

**Columbia****SC****29210**

City

State

ZIP Code

**Who incurred the debt?**

Check one.

- ☐ Debtor 1 only
- ☐ Debtor 2 only
- ☒ Debtor 1 and Debtor 2 only
- ☐ At least one of the debtors and another
- ☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No
- ☐ Yes

**First Choice EMERGENCY Room**Last 4 digits of account number **5 3 1 0****When was the debt incurred?** **11/2016****As of the date you file, the claim is:** Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans
- ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- ☐ Debts to pension or profit-sharing plans, and other similar debts
- ☒ Other. Specify

**Medical Charges****\$355.28**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.3

**\$29.15****AMCOL Systems**

Nonpriority Creditor's Name  
**111 Lancewood Road**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **11/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Columbia SC 29210**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.4

**\$1,288.00****AMCOL Systems**

Nonpriority Creditor's Name  
**111 Lancewood Road**  
 Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? **1/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Columbia SC 29210**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****First Choice Emergency Room**

4.5

**\$355.00****AMCOL Systems, Inc.**

Nonpriority Creditor's Name  
**Attn: Bankruptcy**  
 Number Street  
**PO Box 21625**

Last 4 digits of account number **5 3 1 0**When was the debt incurred? **07/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Columbia SC 29221**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collection Attorney**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.6

**\$8,506.00****Amex**

Nonpriority Creditor's Name  
**Correspondence/Bankruptcy**  
 Number Street  
**PO Box 981540**

Last 4 digits of account number 3 7 7 3When was the debt incurred? 03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**El Paso TX 79998**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.7

**\$6,368.00****Barclays Bank Delaware**

Nonpriority Creditor's Name  
**Attn: Bankruptcy**  
 Number Street  
**PO Box 8801**

Last 4 digits of account number 8 6 0 1When was the debt incurred? 10/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Wilmington DE 19899**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Credit Card**

4.8

**\$85.00****Blue Star Imaging**

Nonpriority Creditor's Name  
**PO Box 848478**  
 Number Street

Last 4 digits of account number 8 5 6 0

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75284**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Charges**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.9

**\$85.00****Blue Star Imaging II**

Nonpriority Creditor's Name

**PO Box 848478**

Number Street

Last 4 digits of account number 5 6 7 0When was the debt incurred? 4/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75284**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.10

**\$255.00****Capital Accounts**

Nonpriority Creditor's Name

**Attn: Bankruptcy Dept**

Number Street

**PO Box 140065**Last 4 digits of account number 0 2 1 2When was the debt incurred? 03/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nashville TN 37214**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Debt**

4.11

**\$257.93****Capital Accounts**

Nonpriority Creditor's Name

**PO Box 140065**

Number Street

Last 4 digits of account number 0 2 1 2When was the debt incurred? 1/2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Nashville TN 37214**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****Lewisville Dental Associates**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$5,605.00**

4.12

**Capital One**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 30285****Salt Lake City****UT****84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **9 9 3 1**When was the debt incurred? **01/2011**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

4.13

**\$0.00****Capital One Auto Finance**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 30285****Salt Lake City****UT****84130**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number **1 0 0 1**When was the debt incurred? **03/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Automobile**

4.14

**\$1,036.00****Casus Healthcare**

Nonpriority Creditor's Name

**PO Box 58180**

Number Street

**Oklahoma City****OK****73157**

City State ZIP Code

**Who incurred the debt?** Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

**Is the claim subject to offset?**

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Type of NONPRIORITY unsecured claim:**

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.15****\$1,036.70****Census Healthcare**

Nonpriority Creditor's Name

**PO Box 58180**

Number Street

Last 4 digits of account number 6 7 9 0When was the debt incurred? 12/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Oklahoma City OK 73157**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Dr. Robert Lapponte****4.16****\$5,868.00****Citibank**

Nonpriority Creditor's Name

**Citicorp Credit Svcs/Centralized Bk dept**

Number Street

**PO Box 790034**Last 4 digits of account number 4 7 5 0When was the debt incurred? 03/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**St Louis MO 63179**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.17****\$1,024.00****Credit First National Association**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 81315**Last 4 digits of account number 0 6 2 4When was the debt incurred? 09/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Cleveland OH 44181**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.18****\$93.28****Credit Systems International**

Nonpriority Creditor's Name

**1277 Country Club Ln**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**FT Worth****TX****76112**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****4.19****\$93.28****Credit Systems International Inc.**

Nonpriority Creditor's Name

**PO Box 1088**

Number Street

Last 4 digits of account number **1 6 0 1**When was the debt incurred? **9/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Arlington****TX****76004**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****Baylor Family At Flower Mound****4.20****\$9,778.00****Educational Employees Credit Union**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 1777**Last 4 digits of account number **1 4 2 0**When was the debt incurred? **09/2018**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Fort Worth****TX****76101**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.21

**\$812.12****Financial Corp. of America**

Nonpriority Creditor's Name

**12515 Research Blvd., Bldg. 2, Ste. 100**

Number Street

Last 4 digits of account number 7 0 4 0When was the debt incurred? 2/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Austin TX 78759**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.22

**\$1,527.72****First Texas Hospital**

Nonpriority Creditor's Name

**PO Box 847460**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75284**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.23

**\$335.37****Frisco Emergency Medicine Associates**

Nonpriority Creditor's Name

**PO Box 12872**

Number Street

Last 4 digits of account number 6 7 9 0When was the debt incurred? 12/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Oklahoma City OK 73157**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**



Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.24

**\$335.37****Friso Emergency Medicine Associates**

Nonpriority Creditor's Name

**PO Box 128772**

Number Street

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**OKlahoma City OK 73157**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.25

**\$206.30****Highland Village**

Nonpriority Creditor's Name

**PO Box 610214**

Number Street

**Dallas, TX 610214**Last 4 digits of account number 1 1 9 1When was the debt incurred? 5/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.26

**\$3,472.00****Kohls/Capital One**

Nonpriority Creditor's Name

**Attn: Credit Administrator**

Number Street

**PO Box 3043**Last 4 digits of account number 7 0 4 0When was the debt incurred? 12/1999

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Milwaukee WI 53201**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****\$192.34**

4.27

**M Bradley Evans MD**

Nonpriority Creditor's Name  
**324 West Main Street**  
 Number Street  
**Ste 100**

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Lewisville TX 75057**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.28

**\$192.34****M. Bradley Evans, MD PA**

Nonpriority Creditor's Name  
**324 West Main Street**  
 Number Street  
**Suite 100**

Last 4 digits of account number 8 7 5 8When was the debt incurred? 1/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Lewisville TX 75057**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.29

**\$43.47****Medical Imaging of Dallas**

Nonpriority Creditor's Name  
**PO Box 814129**  
 Number Street

Last 4 digits of account number 3 7 6 1When was the debt incurred? 9/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75381**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.30

**\$569.16****MediCredit**

Nonpriority Creditor's Name

**PO Box 1629**

Number Street

Last 4 digits of account number 7 0 9 8When was the debt incurred? 1/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Maryland Heights MO 63043**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.31

**\$1,642.40****MediCredit Inc.**

Nonpriority Creditor's Name

**PO Box 1629**

Number Street

Last 4 digits of account number 2 4 3 0When was the debt incurred? 9/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Maryland Heights MO 63043**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.32

**\$1,359.00****Nebraska Furniture Mart**

Nonpriority Creditor's Name

**Attn: Collections**

Number Street

**PO Box 2335**Last 4 digits of account number 3 R E VWhen was the debt incurred? 02/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Omaha NE 68103**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Charge Account**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.33****\$569.18****One Advantage, LLC**

Nonpriority Creditor's Name

**1232 W. State Road 2**

Number Street

Last 4 digits of account number 3 0 8 9When was the debt incurred? 10/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**LaPorte****IN****46350**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Texas Health Presbyterian Flower Mound****4.34****\$1,642.00****One Advantage, LLC**

Nonpriority Creditor's Name

**1232 W. State Road 2**

Number Street

Last 4 digits of account number 5 0 1 1When was the debt incurred? 9/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**LaPorte****IN****46350**

City

State

ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Texas Health Presbyterian Flower Mound**

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.35****\$4,955.00****One Advantage, LLC**Nonpriority Creditor's Name  
**1232 W. State Road 2**

Number Street

Last 4 digits of account number 9 8 2 7When was the debt incurred? 6/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**LaPorte** **IN** **46350**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**Texas Health Presbyterian Flower Mound****4.36****\$840.00****Pankaj Thapar, MD PA**Nonpriority Creditor's Name  
**PO Box 271731**

Number Street

Last 4 digits of account number 0 0 2 2When was the debt incurred? 9/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Flower Mound** **TX** **75027**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**4.37****\$840.00****RMP**Nonpriority Creditor's Name  
**Attn: Bankruptcy**

Number Street

**PO Box 21626**Last 4 digits of account number 3 3 6 0When was the debt incurred? 07/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Waco** **TX** **76702**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Collection Attorney**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.38

\$17.83**Solis Mammography**

Nonpriority Creditor's Name

**PO Box 203268**

Number Street

**Dallas TX 750230**Last 4 digits of account number 6 5 3 8When was the debt incurred? 12/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

a/k/a Rose Imaging

4.39

\$1,589.00**Syncb/ccdstr**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**PO Box 965060**Last 4 digits of account number 6 4 0 6When was the debt incurred? 10/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Discount Tires

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****Charge Account**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.40****\$184.00****Synerprise Consulting Services**

Nonpriority Creditor's Name

**2809 Regal Road, Ste. 107**

Number Street

Last 4 digits of account number 8 2 7 1When was the debt incurred? 5/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Plano TX 75075**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**MD Pathology****4.41****\$88.30****Synerprise Consulting Services**

Nonpriority Creditor's Name

**2809 Regal Road, Ste. 107**

Number Street

Last 4 digits of account number 8 2 7 1When was the debt incurred? 6/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Plano TX 75075**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

**MD Pathology****4.42****\$54.00****Synerprise Consulting Services**

Nonpriority Creditor's Name

**2809 Regal Road, Ste. 107**

Number Street

Last 4 digits of account number 7 7 6 1When was the debt incurred? 7/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Plano TX 75075**

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify  
**Medical Charges**

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim**

4.43

**\$25.00****Texas Health**

Nonpriority Creditor's Name

**PO Box 844128**

Number Street

Last 4 digits of account number 8 1 9 8When was the debt incurred? 9/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75284**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.44

**\$431.00****Texas Health Physicians Group**

Nonpriority Creditor's Name

**PO Box 732262**

Number Street

Last 4 digits of account number 3 2 0 1When was the debt incurred? 11/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75373**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

4.45

**\$55.60****Texas Health Physicians Group**

Nonpriority Creditor's Name

**PO Box 732262**

Number Street

Last 4 digits of account number 0 8 2 0When was the debt incurred? 9/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75373**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**



Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.46****\$117.61****Thompson - PPB**

Nonpriority Creditor's Name  
**1278 FM 407, Suite 11**  
 Number Street

Last 4 digits of account number 9 7 2 3When was the debt incurred? 1/2018

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Lewisville TX 75077**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****4.47****\$96.90****Thompson - PPB**

Nonpriority Creditor's Name  
**1278 FM 407, Suite 11**  
 Number Street

Last 4 digits of account number 0 7 2 6When was the debt incurred? 11/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Lewisville TX 75077**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****4.48****\$147.25****Thompson - PPB**

Nonpriority Creditor's Name  
**1278 FM 407, Suite 11**  
 Number Street

Last 4 digits of account number 1 6 6 6When was the debt incurred? 12/2014

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Lewisville TX 75077**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page**

After listing any entries on this page, number them sequentially from the previous page.

**Total claim****4.49****\$119.00****UAP Keller Endo, LLC**

Nonpriority Creditor's Name

**PO Box 847049**

Number Street

Last 4 digits of account number 8 5 4 2When was the debt incurred? 4/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Dallas TX 75284**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****4.50****\$800.00****Wellfirst Sleep Diagnostics**

Nonpriority Creditor's Name

**8992 Preston Road**

Number Street

**Suite 110-301**Last 4 digits of account number 2 7 3 3When was the debt incurred? 2/2019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Frisco TX 75034**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Medical Charges****4.51****\$26,847.00****Wells Fargo Bank NA**

Nonpriority Creditor's Name

**Attn: Bankruptcy**

Number Street

**1 Home Campus MAC X2303-01A**Last 4 digits of account number 2 0 4 2When was the debt incurred? 01/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Des Moines IA 50328**  
 City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☒ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify

**Credit Card**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional parties to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**Cavalry Portfolio Services**

Name

**500 Summit Lake**

Number Street

**Suite 400**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims**Collection Attorney** ☐ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 7 6 7 8**Valhalla****NY****10595**

City

State

ZIP Code

**VINCENT SERAFINO GEARY WADDELL JENEVE**

Name

**1601 Elm, Suite 4100**

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.51 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Dallas****TX****75201**

City

State

ZIP Code

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.  
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$39,092.25</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u><b>\$39,092.25</b></u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$93,897.31</u>
	6j. Total. Add lines 6f through 6i.	6j. <u><b>\$93,897.31</b></u>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name

Debtor 2 (Spouse, if filing)	<b>Lori</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number  
(if known) \_\_\_\_\_☐ Check if this is an amended filing**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

**1. Do you have any executory contracts or unexpired leases?**

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

**2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.**

Person or company with whom you have the contract or lease

State what the contract or lease is for

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106H

**Schedule H: Your Codebtors**

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

☒ No  
☐ Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☐ No. Go to line 3.  
☒ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☒ Yes

In which community state or territory did you live? Texas Fill in the name and current address of that person.

**Lori A Williams**

Name of your spouse, former spouse, or legal equivalent

**1400 Rustic Timbers Ln**

Number Street

**Flower Mound**

City

**TX**

State

**75028**

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

**Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1**

- ☒ Employed  
☐ Not employed

**Occupation****Customer Service****Employer's name****Solstice Senior Living****Employer's address****2300 Pool Rd**

Number Street

**Debtor 2 or non-filing spouse**

- ☒ Employed  
☐ Not employed

**Self Employed**

Number Street

**Grapevine TX 76051**

City

State

Zip Code

City

State

Zip Code

How long employed there? **3 months****2 years****Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>\$7,213.74</b>	<b>\$0.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	<b>+</b> <b>\$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>\$7,213.74</b>	<b>\$0.00</b>

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$7,213.74</b>	<b>\$0.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$790.72</b>	<b>\$0.00</b>
5b. Mandatory contributions for retirement plans	5b. <b>\$0.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	5c. <b>\$0.00</b>	<b>\$0.00</b>
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	<b>\$0.00</b>
5e. Insurance	5e. <b>\$1,124.00</b>	<b>\$0.00</b>
5f. Domestic support obligations	5f. <b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	5g. <b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: _____	5h. + <b>\$0.00</b>	<b>\$0.00</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$1,914.72</b>	<b>\$0.00</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$5,299.02</b>	<b>\$0.00</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	<b>\$1,773.15</b>
8b. Interest and dividends	8b. <b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	8d. <b>\$0.00</b>	<b>\$0.00</b>
8e. Social Security	8e. <b>\$0.00</b>	<b>\$0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	8g. <b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: _____	8h. + <b>\$0.00</b>	<b>\$0.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$0.00</b>	<b>\$1,773.15</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$5,299.02</b>	<b>\$1,773.15</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		<b>\$0.00</b>
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		<b>\$7,072.17</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	<b>None.</b>	

**Combined monthly income**



Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

8a. Attached Statement (Debtor 2)

**Senior Services LLC**

**Gross Monthly Income:** **\$7,638.50**

<u>Expense</u>	<u>Category</u>	<u>Amount</u>
Car and Truck Expense		<b>\$871.83</b>
Insurance		<b>\$81.66</b>
Supplies		<b>\$91.98</b>
Meals and Entertainment		<b>\$28.51</b>
Network Meeting		<b>\$58.24</b>
Office Supplies		<b>\$329.10</b>
Referral Fees		<b>\$1,771.37</b>
Advertising & Marketing	Advertising	<b>\$537.17</b>
Accounting/Legal Services	Accounting	<b>\$1,533.75</b>
Samples (Rodan&Fields)		<b>\$183.31</b>
Repairs/Mainteanance		<b>\$50.00</b>
Misc Expense		<b>\$29.95</b>
Business Expenses		<b>\$298.48</b>

**Total Monthly Expenses** **\$5,865.35**

**Net Monthly Income:** **\$1,773.15**

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household****1. Is this a joint case?**☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.**2. Do you have dependents?**☐ No☒ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>24</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Daughter</u>	<u>17</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<u></u>	<u></u>	<input type="checkbox"/> No <input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**☒ No  
☐ Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses**4. The rental or home ownership expenses for your residence.**

Include first mortgage payments and any rent for the ground or lot.

4. \$1,229.85**If not included in line 4:**

4a. Real estate taxes

4a. \$750.00

4b. Property, homeowner's, or renter's insurance

4b. \$297.58

4c. Home maintenance, repair, and upkeep expenses

4c. \$75.00

4d. Homeowner's association or condominium dues

4d. \$31.24

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Your expenses**

<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	5.	_____
<b>6. Utilities:</b>		
6a. Electricity, heat, natural gas	6a.	<b>\$264.49</b>
6b. Water, sewer, garbage collection	6b.	<b>\$106.10</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	<b>\$250.00</b>
6d. Other. Specify: <b>Cable TV and Internet</b>	6d.	<b>\$214.55</b>
<b>7. Food and housekeeping supplies</b>	7.	<b>\$950.00</b>
<b>8. Childcare and children's education costs</b>	8.	_____
<b>9. Clothing, laundry, and dry cleaning</b>	9.	<b>\$60.00</b>
<b>10. Personal care products and services</b>	10.	<b>\$50.00</b>
<b>11. Medical and dental expenses</b>	11.	<b>\$200.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	<b>\$250.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	_____
<b>14. Charitable contributions and religious donations</b>	14.	_____
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	_____
15b. Health insurance	15b.	_____
15c. Vehicle insurance	15c.	<b>\$725.33</b>
15d. Other insurance. Specify: _____	15d.	_____
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	_____
<b>17. Installment or lease payments:</b>		
17a. Car payments for Vehicle 1 <b>Car Payment for honda</b>	17a.	<b>\$511.71</b>
17b. Car payments for Vehicle 2 <b>Car Payment for lincoln</b>	17b.	<b>\$871.73</b>
17c. Other. Specify: _____	17c.	_____
17d. Other. Specify: _____	17d.	_____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	_____
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19.	_____
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a.	_____
20b. Real estate taxes	20b.	_____
20c. Property, homeowner's, or renter's insurance	20c.	_____
20d. Maintenance, repair, and upkeep expenses	20d.	_____
20e. Homeowner's association or condominium dues	20e.	_____

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_ 21. **+** \_\_\_\_\_**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. **\$6,837.58**

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.

22b. \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. **\$6,837.58****23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. **\$7,072.17**

23b. Copy your monthly expenses from line 22c above.

23b. **- \$6,837.58**23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.23c. **\$234.59****24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

**None.**

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b>	<b>A</b>	<b>Williams</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Sum

**Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

**Your assets**  
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)1a. Copy line 55, Total real estate, from Schedule A/B..... **\$426,000.00**1b. Copy line 62, Total personal property, from Schedule A/B..... **\$65,005.27**1c. Copy line 63, Total of all property on Schedule A/B..... **\$491,005.27****Part 2: Summarize Your Liabilities**

**Your liabilities**  
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$268,971.00**3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$39,092.25**3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... + **\$93,897.31**

**Your total liabilities** **\$401,960.56**

**Part 3: Summarize Your Income and Expenses**4. *Schedule I: Your Income* (Official Form 106I)Copy your combined monthly income from line 12 of Schedule I..... **\$7,072.17**5. *Schedule J: Your Expenses* (Official Form 106J)Copy your monthly expenses from line 22c of Schedule J..... **\$6,837.58**

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.**\$6,221.14****9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:****Total claim****From Part 4 on *Schedule E/F*, copy the following:**

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$39,092.25</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<b>+</b> <u>\$0.00</u>
9g. <b>Total.</b> Add lines 9a through 9f.	<b>\$39,092.25</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules****12/15**

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X /s/ Mark A Williams**

Mark A Williams, Debtor 1

Date **06/10/2020**  
MM / DD / YYYY
**X /s/ Lori A Williams**

Lori A Williams, Debtor 2

Date **06/10/2020**  
MM / DD / YYYY

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known) _____			

☐ Check if this is an amended filing

## Official Form 107

## Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before**

## 1. What is your current marital status?

- ☒ Married  
☐ Not married

## 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

## 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?

(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☐ No  
☒ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2: Explain the Sources of Your Income**

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Sources of income Check all that apply.
	Gross income (before deductions and exclusions)	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$5,035.00</b>	<b>\$2,500.00</b>
For the last calendar year: (January 1 to December 31, <b>2019</b> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$13,450.00</b>	<b>\$30,000.00</b>
For the calendar year before that: (January 1 to December 31, <b>2018</b> )	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
	<b>\$3,535.54</b>	<b>\$82,008.00</b>



Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No  
☐ Yes. Fill in the details.

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

- ☐ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures****9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

☐ No☒ Yes. Fill in the details.**Case title****Wells Fargo Bank vs. Lori A Williams****Nature of the case****CC suit****Court or agency****Denton County Judicial District****Status of the case**

Court Name

☒ Pending

Number Street

☐ On appeal☐ ConcludedCase number **20-0511-367**

City

State

ZIP Code

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

☒ No. Go to line 11.☐ Yes. Fill in the information below.**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**☒ No☐ Yes. Fill in the details.**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**☒ No☐ Yes**Part 5: List Certain Gifts and Contributions****13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**☒ No☐ Yes. Fill in the details for each gift.**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**☒ No☐ Yes. Fill in the details for each gift or contribution.

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

### Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No  
☐ Yes. Fill in the details.

### Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

☐ No  
☒ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>Shuster Law, PLLC</b> Person Who Was Paid		<b>\$2,025.00</b>
Number _____ Street _____	_____	_____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email or website address \_\_\_\_\_

Person Who Made the Payment, if Not You \_\_\_\_\_

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
<b>Debtorcc.org</b> Person Who Was Paid		<b>\$15.00</b>
Number _____ Street _____	_____	_____

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Email or website address \_\_\_\_\_

Person Who Made the Payment, if Not You \_\_\_\_\_

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- ☒ No  
☐ Yes. Fill in the details.

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units****20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☐ No  
☒ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
<b>Wells Fargo</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input checked="" type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	4/24/20	
<b>Capital Group/American Funds</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <b>Retirement Acct</b>	1/7/20	\$1,167.15
<b>Fidelity Brokerage Services</b> Name of Financial Institution _____ Number Street _____ City State ZIP Code _____	XXXX- ____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other <b>Retirement Acct</b>	1/7/20	\$1,409.36

Debtor 1 **Mark A Williams**Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

☒ No  
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No  
☐ Yes. Fill in the details.

### Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No  
☐ Yes. Fill in the details.

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No  
☐ Yes. Fill in the details.

25. Have you notified any governmental unit of any release of hazardous material?

☒ No  
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☒ No  
☐ Yes. Fill in the details.

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

**Lori Williams Senior Services LLC**  
 Business Name

Describe the nature of the business

Employer Identification number  
 Do not include Social Security number or ITIN.

EIN: 8 3 - 1 0 3 8 1 6 9

Number Street

Name of accountant or bookkeeper

Dates business existed

From 06/21/2018 To Present

**1400 Rustic Timber TX 75028**  
 City State ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X /s/ Mark A Williams**  
 Mark A Williams, Debtor 1  
 Date 06/10/2020

**X /s/ Lori A Williams**  
 Lori A Williams, Debtor 2  
 Date 06/10/2020

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_ Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**Fill in this information to identify your case:**

Debtor 1	<b>Mark</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
Debtor 2 (Spouse, if filing)	<b>Lori</b> First Name	<b>A</b> Middle Name	<b>Williams</b> Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>			
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Hold Secured Claims**

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **American Honda Finance**Description of property securing debt: **2015 Honda Accord**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☒ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

- ☐ No
- ☐ Yes

Creditor's name: **Lincoln Automotive Fin**Description of property securing debt: **2016 Lincoln MDX**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☒ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

- ☐ No
- ☐ Yes

Creditor's name: **Shellpoint Mortgage Servicing**Description of property securing debt: **1400 Rustic Timbers Ln Flower Mound, TX 75028**

- ☐ Surrender the property.
- ☐ Retain the property and redeem it.
- ☒ Retain the property and enter into a *Reaffirmation Agreement*.
- ☐ Retain the property and [explain]:

- ☐ No
- ☐ Yes

Debtor 1 **Mark A Williams**

Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will this lease be assumed?

None.

**Part 3: Sign Below**

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X /s/ **Mark A Williams**

Mark A Williams, Debtor 1

Date **06/10/2020**

MM / DD / YYYY

X /s/ **Lori A Williams**

Lori A Williams, Debtor 2

Date **06/10/2020**

MM / DD / YYYY



## Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

---

### This notice is for you if:

- **You are an individual filing for bankruptcy,**  
and
- **Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liquidation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

**You should have an attorney review your decision to file for bankruptcy and the choice of chapter.**

### Chapter 7: Liquidation

	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	<hr/>	
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form--sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

---

## Chapter 11: Reorganization

---

	\$1,167	filing fee
+	\$550	administrative fee
	<hr/>	
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

**Warning: File Your Forms on Time**

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

A married couple may file a bankruptcy case together--called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

**Understand which services you could receive from credit counseling agencies**

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html).

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**Bankruptcy crimes have serious consequences**

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

**Make sure the court has your mailing address**

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

B2030 (Form 2030) (12/15)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re **Mark A Williams**  
**Lori A Williams**

Case No. \_\_\_\_\_

Chapter 7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept.....	<u><b>\$2,025.00</b></u>
Prior to the filing of this statement I have received.....	<u><b>\$2,025.00</b></u>
Balance Due.....	<u><b>\$0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**06/10/2020**

*Date*

**/s/ David Shuster**

*David Shuster*  
Shuster Law, PLLC  
860 Hebron Pkwy  
Suite 303  
Lewisville, TX 75057  
Phone: (972) 315-6222 / Fax: (972) 315-6223

Bar No. 24037491

**/s/ Mark A Williams**

**Mark A Williams**

**/s/ Lori A Williams**

**Lori A Williams**

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Mark A Williams**  
**Lori A Williams**

CASE NO

CHAPTER **7**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 6/10/2020

Signature /s/ Mark A Williams  
Mark A Williams

Date 6/10/2020

Signature /s/ Lori A Williams  
Lori A Williams

Amcol  
111 Lancewood Rd  
Columbia, South Carolina 29210

AMCOL Systems  
111 Lancewood Road  
Columbia, SC 29210

AMCOL Systems, Inc.  
Attn: Bankruptcy  
PO Box 21625  
Columbia, SC 29221

American Honda Finance  
Attn: National Bankruptcy Center  
PO Box 166469  
Irving, TX 75016

Amex  
Correspondence/Bankruptcy  
PO Box 981540  
El Paso, TX 79998

Attorney General of Texas  
Bankruptcy Section  
10260 N. Central Expy, Suite 210  
Dallas, TX 75231

Barclays Bank Delaware  
Attn: Bankruptcy  
PO Box 8801  
Wilmington, DE 19899

Blue Star Imaging  
PO Box 848478  
Dallas, TX 75284

Blue Star Imaging II  
PO Box 848478  
Dallas TX 75284



Capital Accounts  
Attn: Bankruptcy Dept  
PO Box 140065  
Nashville, TN 37214

Capital Accounts  
PO Box 140065  
Nashville, TN 37214

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Capital One Auto Finance  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Casus Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Cavalry Portfolio Services  
500 Summit Lake  
Suite 400  
Valhalla, NY 10595

Census Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Citibank  
Citicorp Credit Svcs/Centralized Bk dept  
PO Box 790034  
St Louis, MO 63179

Credit First National Association  
Attn: Bankruptcy  
PO Box 81315  
Cleveland, OH 44181

Credit Systems International  
1277 Country Club Ln  
FT Worth, TX 76112

Credit Systems International Inc.  
PO Box 1088  
Arlington TX 76004

Educational Employees Credit Union  
Attn: Bankruptcy  
PO Box 1777  
Fort Worth, TX 76101

Financial Corp. of America  
12515 Research Blvd., Bldg. 2, Ste. 100  
Austin, TX 78759

First Texas Hospital  
PO Box 847460  
Dallas, TX 75284

Frisco Emergency Medicine Associates  
PO Box 12872  
Oklahoma City, OK 73157

Friso Emergency Medicine Assoicates  
PO Box 128772  
Oklahoma City, OK 73157

Highland Village  
PO Box 610214  
Dallas, TX 610214

Internal Revenue Service  
1100 Commerce St  
Dallas, TX 75242

Internal Revenue Service  
1100 Commerce St  
MC 5026 - Dallas  
Dallas, Texas 75242

INTERNAL REVENUE SERVICE  
Centralized Insolvency Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Kohls/Capital One  
Attn: Credit Administrator  
PO Box 3043  
Milwaukee, WI 53201

Lincoln Automotive Fin  
Attn: Bankruptcy  
PO BOX 54200  
Omaha, NE 68154

M Bradley Evans MD  
324 West Main Street  
Ste 100  
Lewisville, TX 75057

M. Bradley Evans, MD PA  
324 West Main Street  
Suite 100  
Lewisville, TX 75057

Medical Imaging of Dallas  
PO Box 814129  
Dallas, TX 75381

MediCredit  
PO Box 1629  
Maryland Heights, MO 63043

MediCredit Inc.  
PO Box 1629  
Maryland Heights, MO 63043

Nebraska Furniture Mart  
Attn: Collections  
PO Box 2335  
Omaha, NE 68103

One Advantage, LLC  
1232 W. State Road 2  
LaPorte, IN 46350

Pankaj Thapar, MD PA  
PO Box 271731  
Flower Mound TX 75027

RMP  
Attn: Bankruptcy  
PO Box 21626  
Waco, TX 76702

Shellpoint Mortgage Servicing  
Attn: Bankruptcy  
PO Box 10826  
Greenville, SC 29603

Solis Mammography  
PO Box 203268  
Dallas TX 750230

Syncb/ccdstr  
Attn: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

Synerprise Consulting Services  
2809 Regal Road, Ste. 107  
Plano TX 75075

Texas Health  
PO Box 844128  
Dallas, TX 75284

Texas Health Physicians Group  
PO Box 732262  
Dallas TX 75373

Thompson - PPB  
1278 FM 407, Suite 11  
Lewisville TX 75077

U.S. Dept. Of Education  
400 Maryland Avenue, SW  
Washington DC, 20202

U.S. Trustee  
Department of Justice  
441 G Street, NW Suite 6150  
Washington DC, 20530

UAP Keller Endo, LLC  
PO Box 847049  
Dallas TX 75284

VINCENT SERAFINO GEARY WADDELL JENEVEIN  
1601 Elm, Suite 4100  
Dallas, Texas 75201

Wellfirst Sleep Diagnostics  
8992 Preston Road  
Suite 110-301  
Frisco TX 75034

Wells Fargo Bank NA  
Attn: Bankruptcy  
1 Home Campus MAC X2303-01A  
Des Moines, IA 50328

Debtor(s): **Mark A Williams**  
**Lori A Williams**

Case No:  
Chapter: 7

**NORTHERN DISTRICT OF TEXAS**  
**DALLAS DIVISION**

Amcol  
111 Lancewood Rd  
Columbia, South Carolina 29210

Capital Accounts  
PO Box 140065  
Nashville, TN 37214

Educational Employees Credit Un  
Attn: Bankruptcy  
PO Box 1777  
Fort Worth, TX 76101

AMCOL Systems  
111 Lancewood Road  
Columbia, SC 29210

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Financial Corp. of America  
12515 Research Blvd., Bldg. 2,  
Austin, TX 78759

AMCOL Systems, Inc.  
Attn: Bankruptcy  
PO Box 21625  
Columbia, SC 29221

Capital One Auto Finance  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

First Texas Hospital  
PO Box 847460  
Dallas, TX 75284

American Honda Finance  
Attn: National Bankruptcy Cente  
PO Box 166469  
Irving, TX 75016

Casus Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Frisco Emergency Medicine Assoc  
PO Box 12872  
Oklahoma City, OK 73157

Amex  
Correspondence/Bankruptcy  
PO Box 981540  
El Paso, TX 79998

Cavalry Portfolio Services  
500 Summit Lake  
Suite 400  
Valhalla, NY 10595

Friso Emergency Medicine Assoic  
PO Box 128772  
Oklahoma City, OK 73157

Attorney General of Texas  
Bankruptcy Section  
10260 N. Central Expy, Suite 21  
Dallas, TX 75231

Census Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Highland Village  
PO Box 610214  
Dallas, TX 610214

Barclays Bank Delaware  
Attn: Bankruptcy  
PO Box 8801  
Wilmington, DE 19899

Citibank  
Citicorp Credit Srvs/Centralize  
PO Box 790034  
St Louis, MO 63179

Internal Revenue Service  
1100 Commerce St  
Dallas, TX 75242

Blue Star Imaging  
PO Box 848478  
Dallas, TX 75284

Credit First National Associati  
Attn: Bankruptcy  
PO Box 81315  
Cleveland, OH 44181

Internal Revenue Service  
1100 Commerce St  
MC 5026 - Dallas  
Dallas, Texas 75242

Blue Star Imaging II  
PO Box 848478  
Dallas TX 75284

Credit Systems International  
1277 Country Club Ln  
FT Worth, TX 76112

INTERNAL REVENUE SERVICE  
Centralized Insolvency Operatio  
PO Box 7346  
Philadelphia, PA 19101-7346

Capital Accounts  
Attn: Bankruptcy Dept  
PO Box 140065  
Nashville, TN 37214

Credit Systems International In  
PO Box 1088  
Arlington TX 76004

Kohls/Capital One  
Attn: Credit Administrator  
PO Box 3043  
Milwaukee, WI 53201

Debtor(s): **Mark A Williams**  
**Lori A Williams**

Case No:  
Chapter: 7

**NORTHERN DISTRICT OF TEXAS**  
**DALLAS DIVISION**

Lincoln Automotive Fin  
Attn: Bankruptcy  
PO BOX 54200  
Omaha, NE 68154

Shellpoint Mortgage Servicing  
Attn: Bankruptcy  
PO Box 10826  
Greenville, SC 29603

VINCENT SERAFINO GEARY WADDELL  
1601 Elm, Suite 4100  
Dallas, Texas 75201

M Bradley Evans MD  
324 West Main Street  
Ste 100  
Lewisville, TX 75057

Solis Mammography  
PO Box 203268  
Dallas TX 750230

Wellfirst Sleep Diagnostics  
8992 Preston Road  
Suite 110-301  
Frisco TX 75034

M. Bradley Evans, MD PA  
324 West Main Street  
Suite 100  
Lewisville, TX 75057

Syncb/ccdstr  
Attn: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

Wells Fargo Bank NA  
Attn: Bankruptcy  
1 Home Campus MAC X2303-01A  
Des Moines, IA 50328

Medical Imaging of Dallas  
PO Box 814129  
Dallas, TX 75381

Synerprise Consulting Services  
2809 Regal Road, Ste. 107  
Plano TX 75075

MediCredit  
PO Box 1629  
Maryland Heights, MO 63043

Texas Health  
PO Box 844128  
Dallas, TX 75284

MediCredit Inc.  
PO Box 1629  
Maryland Heights, MO 63043

Texas Health Physicians Group  
PO Box 732262  
Dallas TX 75373

Nebraska Furniture Mart  
Attn: Collections  
PO Box 2335  
Omaha, NE 68103

Thompson - PPB  
1278 FM 407, Suite 11  
Lewisville TX 75077

One Advantage, LLC  
1232 W. State Road 2  
LaPorte, IN 46350

U.S. Dept. Of Education  
400 Maryland Avenue, SW  
Washington DC, 20202

Pankaj Thapar, MD PA  
PO Box 271731  
Flower Mound TX 75027

U.S. Trustee  
Department of Justice  
441 G Street, NW Suite 6150  
Washington DC, 20530

RMP  
Attn: Bankruptcy  
PO Box 21626  
Waco, TX 76702

UAP Keller Endo, LLC  
PO Box 847049  
Dallas TX 75284

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Mark A Williams**  
**Lori A Williams**

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$426,000.00	\$232,136.00	\$193,864.00	\$193,864.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$54,750.00	\$36,835.00	\$19,912.00	\$19,912.00	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$1,450.00	\$0.00	\$1,450.00	\$1,450.00	\$0.00
7.	Electronics	\$500.00	\$0.00	\$500.00	\$500.00	\$0.00
8.	Collectibles of value	\$50.00	\$0.00	\$50.00	\$50.00	\$0.00
9.	Equipment for sports and hobbies	\$25.00	\$0.00	\$25.00	\$25.00	\$0.00
10.	Firearms	\$1,150.00	\$0.00	\$1,150.00	\$1,150.00	\$0.00
11.	Clothes	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
12.	Jewelry	\$1,000.00	\$0.00	\$1,000.00	\$1,000.00	\$0.00
13.	Non-farm animals	\$200.00	\$0.00	\$200.00	\$200.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$3,083.51	\$0.00	\$3,083.51	\$0.00	\$3,083.51
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$1,896.76	\$0.00	\$1,896.76	\$1,896.76	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Mark A Williams**  
**Lori A Williams**

CASE NO

CHAPTER 7

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 1*

**Exemption Totals by Category:**

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$700.00	\$0.00	\$700.00	\$700.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>TOTALS:</b>		<b>\$491,005.27</b>	<b>\$268,971.00</b>	<b>\$224,031.27</b>	<b>\$220,947.76</b>	<b>\$3,083.51</b>

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Mark A Williams**  
**Lori A Williams**

CASE NO

CHAPTER **7**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 2*

**Surrendered Property:**

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
<b><u>Real Property</u></b>			
(None)			
<b><u>Personal Property</u></b>			
(None)			
<b>TOTALS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Non-Exempt Property by Item:**

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<b><u>Real Property</u></b>				
(None)				
<b><u>Personal Property</u></b>				
Wells Fargo XX8906	\$20.00		\$20.00	\$20.00
Chase Checking Account XX0072	\$1,323.56		\$1,323.56	\$1,323.56
Chase Savings Acct XX0568	\$520.00		\$520.00	\$520.00
Chase Business Acct XX5061 for Lori Williams Senior Services,	\$1,188.17		\$1,188.17	\$1,188.17
Checking account-Wells Fargo XX8906	\$22.84		\$22.84	\$22.84
Checking account-Business Account XX8703	\$8.94		\$8.94	\$8.94
<b>TOTALS:</b>	<b>\$3,083.51</b>	<b>\$0.00</b>	<b>\$3,083.51</b>	<b>\$3,083.51</b>

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE: **Mark A Williams**  
**Lori A Williams**

CASE NO

CHAPTER **7**

**SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)**

*Continuation Sheet # 3*

<b>Summary</b>	
A. Gross Property Value (not including surrendered property)	<b>\$491,005.27</b>
B. Gross Property Value of Surrendered Property	<b>\$0.00</b>
C. Total Gross Property Value (A+B)	<b>\$491,005.27</b>
D. Gross Amount of Encumbrances (not including surrendered property)	<b>\$268,971.00</b>
E. Gross Amount of Encumbrances on Surrendered Property	<b>\$0.00</b>
F. Total Gross Encumbrances (D+E)	<b>\$268,971.00</b>
G. Total Equity (not including surrendered property) / (A-D)	<b>\$224,031.27</b>
H. Total Equity in surrendered items (B-E)	<b>\$0.00</b>
I. Total Equity (C-F)	<b>\$224,031.27</b>
J. Total Exemptions Claimed	<b>\$220,947.76</b>
K. Total Non-Exempt Property Remaining (G-J)	<b>\$3,083.51</b>

Amcol  
111 Lancewood Rd  
Columbia, South Carolina 29210

Capital Accounts  
PO Box 140065  
Nashville, TN 37214

Educational Employees Credit  
Union  
Attn: Bankruptcy  
PO Box 1777  
Fort Worth, TX 76101

AMCOL Systems  
111 Lancewood Road  
Columbia, SC 29210

Capital One  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

Financial Corp. of America  
12515 Research Blvd., Bldg. 2,  
Ste. 100  
Austin, TX 78759

AMCOL Systems, Inc.  
Attn: Bankruptcy  
PO Box 21625  
Columbia, SC 29221

Capital One Auto Finance  
Attn: Bankruptcy  
PO Box 30285  
Salt Lake City, UT 84130

First Texas Hospital  
PO Box 847460  
Dallas, TX 75284

American Honda Finance  
Attn: National Bankruptcy  
Center  
PO Box 166469  
Irving, TX 75016

Casus Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Frisco Emergency Medicine  
Associates  
PO Box 12872  
Oklahoma City, OK 73157

Amex  
Correspondence/Bankruptcy  
PO Box 981540  
El Paso, TX 79998

Cavalry Portfolio Services  
500 Summit Lake  
Suite 400  
Valhalla, NY 10595

Friso Emergency Medicine  
Assoicates  
PO Box 128772  
Oklahoma City, OK 73157

Attorney General of Texas  
Bankruptcy Section  
10260 N. Central Expy, Suite  
210  
Dallas, TX 75231

Census Healthcare  
PO Box 58180  
Oklahoma City, OK 73157

Highland Village  
PO Box 610214  
Dallas, TX 610214

Barclays Bank Delaware  
Attn: Bankruptcy  
PO Box 8801  
Wilmington, DE 19899

Citibank  
Citicorp Credit  
Srvs/Centralized Bk dept  
PO Box 790034  
St Louis, MO 63179

Internal Revenue Service  
1100 Commerce St  
Dallas, TX 75242

Blue Star Imaging  
PO Box 848478  
Dallas, TX 75284

Credit First National  
Association  
Attn: Bankruptcy  
PO Box 81315  
Cleveland, OH 44181

Internal Revenue Service  
1100 Commerce St  
MC 5026 - Dallas  
Dallas, Texas 75242

Blue Star Imaging II  
PO Box 848478  
Dallas TX 75284

Credit Systems International  
1277 Country Club Ln  
FT Worth, TX 76112

INTERNAL REVENUE SERVICE  
Centralized Insolvency  
Operations  
PO Box 7346  
Philadelphia, PA 19101-7346

Capital Accounts  
Attn: Bankruptcy Dept  
PO Box 140065  
Nashville, TN 37214

Credit Systems International  
Inc.  
PO Box 1088  
Arlington TX 76004

Kohls/Capital One  
Attn: Credit Administrator  
PO Box 3043  
Milwaukee, WI 53201

Lincoln Automotive Fin  
Attn: Bankruptcy  
PO BOX 54200  
Omaha, NE 68154

Shellpoint Mortgage Servicing  
Attn: Bankruptcy  
PO Box 10826  
Greenville, SC 29603

VINCENT SERAFINO GEARY WADDELL  
JENEVEIN  
1601 Elm, Suite 4100  
Dallas, Texas 75201

M Bradley Evans MD  
324 West Main Street  
Ste 100  
Lewisville, TX 75057

Solis Mammography  
PO Box 203268  
Dallas TX 750230

Wellfirst Sleep Diagnostics  
8992 Preston Road  
Suite 110-301  
Frisco TX 75034

M. Bradley Evans, MD PA  
324 West Main Street  
Suite 100  
Lewisville, TX 75057

Syncb/ccdstr  
Attn: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

Wells Fargo Bank NA  
Attn: Bankruptcy  
1 Home Campus MAC X2303-01A  
Des Moines, IA 50328

Medical Imaging of Dallas  
PO Box 814129  
Dallas, TX 75381

Synerprise Consulting Services  
2809 Regal Road, Ste. 107  
Plano TX 75075

MediCredit  
PO Box 1629  
Maryland Heights, MO 63043

Texas Health  
PO Box 844128  
Dallas, TX 75284

MediCredit Inc.  
PO Box 1629  
Maryland Heights, MO 63043

Texas Health Physicians Group  
PO Box 732262  
Dallas TX 75373

Nebraska Furniture Mart  
Attn: Collections  
PO Box 2335  
Omaha, NE 68103

Thompson - PPB  
1278 FM 407, Suite 11  
Lewisville TX 75077

One Advantage, LLC  
1232 W. State Road 2  
LaPorte, IN 46350

U.S. Dept. Of Education  
400 Maryland Avenue, SW  
Washington DC, 20202

Pankaj Thapar, MD PA  
PO Box 271731  
Flower Mound TX 75027

U.S. Trustee  
Department of Justice  
441 G Street, NW Suite 6150  
Washington DC, 20530

RMP  
Attn: Bankruptcy  
PO Box 21626  
Waco, TX 76702

UAP Keller Endo, LLC  
PO Box 847049  
Dallas TX 75284

David Shuster, Bar No. 24037491  
 Shuster Law, PLLC  
 860 Hebron Pkwy  
 Suite 303  
 Lewisville, TX 75057  
 (972) 315-6222  
 Attorney for the Petitioner

# UNITED STATES BANKRUPTCY COURT FOR THE

NORTHERN DISTRICT OF TEXAS  
 DALLAS DIVISION

In re: Case No.:  
**Mark A Williams** SSN: xxx-xx-6254  
**Lori A Williams** SSN: xxx-xx-4665  
 Debtor(s)

## Numbered Listing of Creditors

Address:  
**1400 Rustic Timbers Ln**  
**Flower Mound, TX 75028**

Chapter: **7**

	Creditor name and mailing address	Category of claim	Amount of claim
1.	Amcol 111 Lancewood Rd Columbia, South Carolina 29210 xxxx5310	Unsecured Claim	\$1,672.43
2.	AMCOL Systems 111 Lancewood Road Columbia, SC 29210 xxxx5310	Unsecured Claim	\$355.28
3.	AMCOL Systems 111 Lancewood Road Columbia, SC 29210	Unsecured Claim	\$29.15
4.	AMCOL Systems 111 Lancewood Road Columbia, SC 29210	Unsecured Claim	\$1,288.00
5.	AMCOL Systems, Inc. Attn: Bankruptcy PO Box 21625 Columbia, SC 29221 xxxx5310	Unsecured Claim	\$355.00
6.	American Honda Finance Attn: National Bankruptcy Center PO Box 166469 Irving, TX 75016 xxxxx7254	Secured Claim	\$3,063.00

in re: **Mark A Williams**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
7.	Amex Correspondence/Bankruptcy PO Box 981540 El Paso, TX 79998 xxxxxxxxxxx3773	Unsecured Claim	\$8,506.00
8.	Barclays Bank Delaware Attn: Bankruptcy PO Box 8801 Wilmington, DE 19899 xxxxxxxxxxx8601	Unsecured Claim	\$6,368.00
9.	Blue Star Imaging PO Box 848478 Dallas, TX 75284 x8560	Unsecured Claim	\$85.00
10.	Blue Star Imaging II PO Box 848478 Dallas TX 75284 xx5670	Unsecured Claim	\$85.00
11.	Capital Accounts Attn: Bankruptcy Dept PO Box 140065 Nashville, TN 37214 xxx0212	Unsecured Claim	\$255.00
12.	Capital Accounts PO Box 140065 Nashville, TN 37214 xxx0212	Unsecured Claim	\$257.93
13.	Capital One Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 xxxxxxxxxxx9931	Unsecured Claim	\$5,605.00
14.	Capital One Auto Finance Attn: Bankruptcy PO Box 30285 Salt Lake City, UT 84130 xxxxxxxxxxx1001	Unsecured Claim	\$0.00
15.	Casus Healthcare PO Box 58180 Oklahoma City, OK 73157	Unsecured Claim	\$1,036.00

in re: **Mark A Williams**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
16.	Cavalry Portfolio Services 500 Summit Lake Suite 400 Valhalla, NY 10595 xxxx7678	Unsecured Claim	\$0.00
17.	Census Healthcare PO Box 58180 Oklahoma City, OK 73157 xxx.xxx6790	Unsecured Claim	\$1,036.70
18.	Citibank Citicorp Credit Svcs/Centralized Bk dept PO Box 790034 St Louis, MO 63179 xxxxxxxxxxx4750	Unsecured Claim	\$5,868.00
19.	Credit First National Association Attn: Bankruptcy PO Box 81315 Cleveland, OH 44181 xxxxx0624	Unsecured Claim	\$1,024.00
20.	Credit Systems International 1277 Country Club Ln FT Worth, TX 76112	Unsecured Claim	\$93.28
21.	Credit Systems International Inc. PO Box 1088 Arlington TX 76004 xxxxx1601	Unsecured Claim	\$93.28
22.	Educational Employees Credit Union Attn: Bankruptcy PO Box 1777 Fort Worth, TX 76101 xxxxxxxxxxx1420	Unsecured Claim	\$9,778.00
23.	Financial Corp. of America 12515 Research Blvd., Bldg. 2, Ste. 100 Austin, TX 78759 xxxxx7040	Unsecured Claim	\$812.12
24.	First Texas Hospital PO Box 847460 Dallas, TX 75284	Unsecured Claim	\$1,527.72



in re: **Mark A Williams**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
25.	Frisco Emergency Medicine Associates PO Box 12872 Oklahoma City, OK 73157 xxx.xxx6790	Unsecured Claim	\$335.37
26.	Friso Emergency Medicine Assoicates PO Box 128772 Oklahoma City, OK 73157	Unsecured Claim	\$335.37
27.	Highland Village PO Box 610214 Dallas, TX 610214 xx-xxxxx119:1	Unsecured Claim	\$206.30
28.	Internal Revenue Service 1100 Commerce St Dallas, TX 75242	Priority Claim	\$10,378.09
29.	Internal Revenue Service 1100 Commerce St MC 5026 - Dallas Dallas, Texas 75242	Priority Claim	\$13,978.16
30.	Internal Revenue Service 1100 Commerce St MC 5026 - Dallas Dallas, Texas 75242	Priority Claim	\$14,736.00
31.	Kohls/Capital One Attn: Credit Administrator PO Box 3043 Milwaukee, WI 53201 xxxxxxxxxxxx7040	Unsecured Claim	\$3,472.00
32.	Lincoln Automotive Fin Attn: Bankruptcy PO BOX 54200 Omaha, NE 68154 xxxx4710	Secured Claim	\$33,772.00
33.	M Bradley Evans MD 324 West Main Street Ste 100 Lewisville, TX 75057	Unsecured Claim	\$192.34

in re: **Mark A Williams**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
34.	M. Bradley Evans, MD PA 324 West Main Street Suite 100 Lewisville, TX 75057 x8758	Unsecured Claim	\$192.34
35.	Medical Imaging of Dallas PO Box 814129 Dallas, TX 75381 xx3761	Unsecured Claim	\$43.47
36.	MediCredit PO Box 1629 Maryland Heights, MO 63043 xxxx7098	Unsecured Claim	\$569.16
37.	MediCredit Inc. PO Box 1629 Maryland Heights, MO 63043 xxxxx2430	Unsecured Claim	\$1,642.40
38.	Nebraska Furniture Mart Attn: Collections PO Box 2335 Omaha, NE 68103 xxxxxxx3REV	Unsecured Claim	\$1,359.00
39.	One Advantage, LLC 1232 W. State Road 2 LaPorte, IN 46350 xxxx3089	Unsecured Claim	\$569.18
40.	One Advantage, LLC 1232 W. State Road 2 LaPorte, IN 46350 xxxx5011	Unsecured Claim	\$1,642.00
41.	One Advantage, LLC 1232 W. State Road 2 LaPorte, IN 46350 xxxx9827	Unsecured Claim	\$4,955.00
42.	Pankaj Thapar, MD PA PO Box 271731 Flower Mound TX 75027 xxxxxx0022	Unsecured Claim	\$840.00

in re: **Mark A Williams**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
43. RMP Attn: Bankruptcy PO Box 21626 Waco, TX 76702 xxxx3360	Unsecured Claim	\$840.00
44. Shellpoint Mortgage Servicing Attn: Bankruptcy PO Box 10826 Greenville, SC 29603 xxxxx0391	Secured Claim	\$232,136.00
45. Solis Mammography PO Box 203268 Dallas TX 750230 xxxx-x6538	Unsecured Claim	\$17.83
46. Syncb/ccdstr Attn: Bankruptcy PO Box 965060 Orlando, FL 32896 xxxxxxxxxxxx6406	Unsecured Claim	\$1,589.00
47. Synerprise Consulting Services 2809 Regal Road, Ste. 107 Plano TX 75075 xxxxx827.1	Unsecured Claim	\$184.00
48. Synerprise Consulting Services 2809 Regal Road, Ste. 107 Plano TX 75075 xxxxx827.1	Unsecured Claim	\$88.30
49. Synerprise Consulting Services 2809 Regal Road, Ste. 107 Plano TX 75075 xx776.1	Unsecured Claim	\$54.00
50. Texas Health PO Box 844128 Dallas, TX 75284 xxx xx8198	Unsecured Claim	\$25.00
51. Texas Health Physicians Group PO Box 732262 Dallas TX 75373 xxxxxxxxxx-3-201	Unsecured Claim	\$431.00

in re: **Mark A Williams**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
52.	Texas Health Physicians Group PO Box 732262 Dallas TX 75373 xxxxx0820	Unsecured Claim	\$55.60
53.	Thompson - PPB 1278 FM 407, Suite 11 Lewisville TX 75077 xxx9723	Unsecured Claim	\$117.61
54.	Thompson - PPB 1278 FM 407, Suite 11 Lewisville TX 75077 xx0726	Unsecured Claim	\$96.90
55.	Thompson - PPB 1278 FM 407, Suite 11 Lewisville TX 75077 xx1666	Unsecured Claim	\$147.25
56.	UAP Keller Endo, LLC PO Box 847049 Dallas TX 75284 xxx8542	Unsecured Claim	\$119.00
57.	VINCENT SERAFINO GEARY WADDELL JENEVEIN 1601 Elm, Suite 4100 Dallas, Texas 75201	Unsecured Claim	\$0.00
58.	Wellfirst Sleep Diagnostics 8992 Preston Road Suite 110-301 Frisco TX 75034 2733	Unsecured Claim	\$800.00
59.	Wells Fargo Bank NA Attn: Bankruptcy 1 Home Campus MAC X2303-01A Des Moines, IA 50328 xxxxxxxxxxxx2042	Unsecured Claim	\$26,847.00

in re: **Mark A Williams**

Debtor

Case No. (if known)

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

**DECLARATION**

I, **Mark A Williams**,  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*,  
consisting of 8 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor: /s/ Mark A Williams Date: 6/10/2020  
**Mark A Williams**

Spouse: /s/ Lori A Williams Date: 6/10/2020  
**Lori A Williams**

Fill in this information to identify your case:				Check one box only as directed in this form and in Form 122A-1Supp:	
Debtor 1	<b>Mark</b> <small>First Name</small>	<b>A</b> <small>Middle Name</small>	<b>Williams</b> <small>Last Name</small>		
Debtor 2 (Spouse, if filing)	<b>Lori</b> <small>First Name</small>	<b>A</b> <small>Middle Name</small>	<b>Williams</b> <small>Last Name</small>		
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF TEXAS</b>					
Case number (if known)					

☒ 1. There is no presumption of abuse.  
☐ 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A-2).  
☐ 3. The Means Test does not apply now because of qualified military service but it could apply later.  
  
☐ Check if this is an amended filing

## Official Form 122A-1

## Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1:

 Calculate Your Current Monthly Income

## 1. What is your marital and filing status? Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married and your spouse is filing with you.** Fill out both Columns A and B, lines 2-11.
- ☐ **Married and your spouse is NOT filing with you. You and your spouse are:**
- ☐ **Living in the same household and are not legally separated.** Fill out both Columns A and B, lines 2-11.
- ☐ **Living separately or are legally separated.** Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. <b>Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<b>\$4,404.06</b>	<b>\$0.00</b>
3. <b>Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	<b>\$0.00</b>	<b>\$0.00</b>
4. <b>All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<b>\$0.00</b>	<b>\$0.00</b>

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**5. Net income from operating a business, profession, or farm**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$4,143.45</u>		
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$2,326.37</u>		
Net monthly income from a business, profession, or farm	<u>\$0.00</u>	<u>\$1,817.08</u>	Copy here →	<u>\$0.00</u> <u>\$1,817.08</u>

**6. Net income from rental and other real property**

	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$0.00</u>	<u>\$0.00</u>		
Ordinary and necessary operating expenses	<u>\$0.00</u>	<u>\$0.00</u>		
Net monthly income from rental or other real property	<u>\$0.00</u>	<u>\$0.00</u>	Copy here →	<u>\$0.00</u> <u>\$0.00</u>

**7. Interest, dividends, and royalties**\$0.00 \$0.00**8. Unemployment compensation**\$0.00 \$0.00

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: .....↓

For you..... \$0.00

For your spouse..... \$0.00

**9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title.

\$0.00 \$0.00

**10. Income from all other sources not listed above.** Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below.

\_\_\_\_\_  
 \_\_\_\_\_

Total amounts from separate pages, if any. + \_\_\_\_\_ + \_\_\_\_\_

Debtor 1 **Mark A Williams**  
 Debtor 2 **Lori A Williams**

Case number (if known) \_\_\_\_\_

Column A  
Debtor 1

Column B  
Debtor 2 or  
non-filing spouse

**11. Calculate your total current monthly income.**

Add lines 2 through 10 for each column.

Then add the total for Column A to the total for Column B.

\$4,404.06	+	\$1,817.08	=	\$6,221.14
------------	---	------------	---	------------

Total current  
monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....**Copy line 11 here** → 12a. **\$6,221.14**

Multiply by 12 (the number of months in a year).

**X 12**

12b. The result is your annual income for this part of the form.

12b. **\$74,653.68****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**Texas**

Fill in the number of people in your household.

**4**Fill in the median family income for your state and size of household..... 13. **\$86,259.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a. ☒ Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.* Go to Part 3. Do NOT fill out or file Official Form 122A-2.

14b. ☐ Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Mark A Williams**

Mark A Williams, Debtor 1

**X /s/ Lori A Williams**

Lori A Williams, Debtor 2

Date **6/10/2020**

MM / DD / YYYY

Date **6/10/2020**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.



## Current Monthly Income Calculation Details

In re: **Mark A Williams**  
**Lori A Williams**

Case Number:  
Chapter: 7

**2. Gross wages, salary, tips, bonuses, overtime and commissions.**

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

## Debtor

## The Container Store

\$3,265.00	\$5,035.00	\$1,350.00	\$0.00	\$0.00	\$0.00	<b>\$1,608.33</b>
------------	------------	------------	--------	--------	--------	-------------------

## Debtor

## Solstice Senior Living at Grapevine

\$0.00	\$0.00	\$0.00	\$4,902.81	\$5,777.35	\$6,094.22	<b>\$2,795.73</b>
--------	--------	--------	------------	------------	------------	-------------------

**5. Net income from operating a business, profession or farm.**

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month

## Spouse

## Senior Services LLC

Gross receipts	\$2,500.00	\$5,155.37	\$2,988.96	\$2,988.96	\$5,763.70	\$5,463.70	<b>\$4,143.45</b>
----------------	------------	------------	------------	------------	------------	------------	-------------------

Ordinary/necessary business expenses	\$3,003.62	\$1,987.22	\$377.05	\$377.05	\$4,106.63	\$4,106.63	<b>\$2,326.37</b>
--------------------------------------	------------	------------	----------	----------	------------	------------	-------------------

Business income	(\$503.62)	\$3,168.15	\$2,611.91	\$2,611.91	\$1,657.07	\$1,357.07	<b>\$1,817.08</b>
-----------------	------------	------------	------------	------------	------------	------------	-------------------

**Underlying Allowances (as of 06/10/2020)**In re: **Mark A Williams**  
**Lori A Williams**Case Number:  
Chapter: **7**

<b>Median Income Information</b>	
State of Residence	<b>Texas</b>
Household Size	<b>4</b>
Median Income per Census Bureau Data	<b>\$86,259.00</b>

<b>National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous</b>	
Region	<b>US</b>
Family Size	<b>4</b>
Gross Monthly Income	<b>\$6,221.14</b>
Income Level	<b>Not Applicable</b>
Food	<b>\$947.00</b>
Housekeeping Supplies	<b>\$71.00</b>
Apparel and Services	<b>\$251.00</b>
Personal Care Products and Services	<b>\$88.00</b>
Miscellaneous	<b>\$383.00</b>
Additional Allowance for Family Size Greater Than 4	<b>\$0.00</b>
<b>Total</b>	<b>\$1,740.00</b>

<b>National Standards: Health Care (only applies to cases filed on or after 1/1/08)</b>	
<b>Household members under 65 years of age</b>	
Allowance per member	<b>\$56.00</b>
Number of members	<b>0</b>
Subtotal	<b>\$0.00</b>
<b>Household members 65 years of age or older</b>	
Allowance per member	<b>\$125.00</b>
Number of members	<b>0</b>
Subtotal	<b>\$0.00</b>
<b>Total</b>	<b>\$0.00</b>

<b>Local Standards: Housing and Utilities</b>	
State Name	<b>Texas</b>
County or City Name	<b>Denton County</b>
Family Size	<b>Family of 4</b>
Non-Mortgage Expenses	<b>\$731.00</b>
Mortgage/Rent Expense Allowance	<b>\$1,898.00</b>
Minus Average Monthly Payment for Debts Secured by Home	<b>\$0.00</b>
Equals Net Mortgage/Rental Expense	<b>\$1,898.00</b>
Housing and Utilities Adjustment	<b>\$0.00</b>

**Underlying Allowances (as of 06/10/2020)**In re: **Mark A Williams**  
**Lori A Williams**Case Number:  
Chapter: **7**

<b>Local Standards: Transportation; Vehicle Operation/Public Transportation</b>		
Transportation Region	Dallas-Ft. Worth	
Number of Vehicles Operated	2 or more	
Allowance	\$578.00	
<b>Local Standards: Transportation; Additional Public Transportation Expense</b>		
Transportation Region	Dallas-Ft. Worth	
Allowance (if entitled)	\$224.00	
Amount Claimed	\$0.00	
<b>Local Standards: Transportation; Ownership/Lease Expense</b>		
Transportation Region	Dallas-Ft. Worth	
Number of Vehicles with Ownership/Lease Expense	2 or more	
	<b>First Car</b>	<b>Second Car</b>
Allowance	\$521.00	\$521.00
Minus Average Monthly Payment for Debts Secured by Vehicle	\$0.00	\$0.00
Equals Net Ownership / Lease Expense	\$521.00	\$521.00

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

IN RE:

**Mark A Williams**  
**Lori A Williams**

Debtor(s)

§  
§  
§  
§  
§

Case No. \_\_\_\_\_

Chapter 7

**DECLARATION FOR ELECTRONIC FILING OF BANKRUPTCY  
PETITION, LISTS, STATEMENTS, AND SCHEDULES**

**PART I: DECLARATION OF PETITIONER:**

As an individual debtor in this case, or as the individual authorized to act on behalf of the corporation, partnership, or limited liability company seeking bankruptcy relief in this case, I hereby request relief as, or on behalf of, the debtor in accordance with the chapter of title 11, United States Code, specified in the petition to be filed electronically in this case. I have read the information provided in the petition, lists, statements, and schedules to be filed electronically in this case and I HEREBY DECLARE UNDER PENALTY OF PERJURY that the information provided therein, as well as the social security information disclosed in this document, is true and correct. I understand that this Declaration is to be filed with the Bankruptcy Court within five (5) business days after the petition, lists, statements, and schedules have been filed electronically. I understand that a failure to file the signed original of this Declaration will result in the dismissal of my case.

☒ *[Only include for Chapter 7 individual petitioners whose debts are primarily consumer debts] --*  
I am an individual whose debts are primarily consumer debts and who has chosen to file under chapter 7. I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each chapter, and choose to proceed under chapter 7.

☐ *[Only include if petitioner is a corporation, partnership or limited liability company] --*  
I hereby further declare under penalty of perjury that I have been authorized to file the petition, lists, statements, and schedules on behalf of the debtor in this case.

Date: <u>6/10/2020</u>	<u>/s/ Mark A Williams</u> Mark A Williams Debtor Soc. Sec. No. <u>xxx-xx-6254</u>	<u>/s/ Lori A Williams</u> Lori A Williams Joint Debtor Soc. Sec. No. <u>xxx-xx-4665</u>
------------------------	---	---

**PART II: DECLARATION OF ATTORNEY:**

I declare UNDER PENALTY OF PERJURY that: (1) I will give the debtor(s) a copy of all documents referenced by Part I herein which are filed with the United States Bankruptcy Court; and (2) I have informed the debtor(s), if an individual with primarily consumer debts, that he or she may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

Date: <u>6/10/2020</u>	<u>/s/ David Shuster</u> David Shuster, Attorney for Debtor <b>Shuster Law, PLLC</b> 860 Hebron Pkwy Suite 303 Lewisville, TX 75057 Email: <a href="mailto:info@shusterlawfirm.com">info@shusterlawfirm.com</a> Phone: (972) 315-6222 / Fax: (972) 315-6223
------------------------	--